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## BIB DATA SHEET

CONFIRMATION NO. 4052

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/016,276	12/06/2001	604	3763	S-8492 (1502-71 CIP II)
<b>APPLICANTS</b> Roy L. Barrus, Centerville, UT; David L. Thorne, Kaysville, UT; Charles V. Owen, Highland, UT; Donald D. Solomon, Ogden, UT; F. Mark Ferguson, Salt Lake City, UT; Michael Thorne, Bountiful, UT; Stephen Brown, Roy, UT; Gale H. Thorne JR., Bountiful, UT;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/892,593 06/27/2001 PAT 7,198,618 which claims benefit of 60/254,506 12/08/2000 and claims benefit of 60/296,968 06/08/2001				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 12/31/2001				
Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No /CATHERINE SERKE WILLIAMS/ Examiner's Signature	<input type="checkbox"/> Met after Allowance CSW Initials	<b>STATE OR COUNTRY</b> UT	<b>SHEETS DRAWINGS</b> 35
			<b>TOTAL CLAIMS</b> 39	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> CARTER, DELUCA, FARRELL & SCHMIDT, LLP 445 BROAD HOLLOW ROAD SUITE 225 MELVILLE, NY 11704 UNITED STATES				
<b>TITLE</b> Safety shield for medical needles				
<b>FILING FEE RECEIVED</b> 1166	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit